Attorney's Docket No.: 08919-080001 Client's Ref. No.: 14A-900313

Date: Nov. 27, 2003

\_\_\_\_\_ Date: <u>NOV. 37.</u> 3-703

## COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **DIOSCOREA EXTRACTS**, the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Y. Rocky Tsao, Reg. 34,053 John F. Hayden, Reg. 37,640 Jeffrey D. Hsi, Reg. No. 40,024 Timothy A. French, Reg. No. 30,175 Frank R. Occhiuti, Reg. 35,306 Harold H. Fox, Reg. No. 41,498 John T. Kendall, Reg. No. 50,680 Jianming Hao, Reg. No. 54,694

Direct all telephone calls to Y. ROCKY TSAO at telephone number (617) 542-5070.

Direct all correspondence to the following:

## 26161 **PTO Customer Number**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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Inventor's Signature:

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## **Combined Declaration and Power of Attorney**

Page 2 of 2 Pages

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